

MORRISON & FOERSTER LLP

Attorneys at Law
425 Market Street
San Francisco, California 94105-2482
Telephone: (415) 268-7000
Facsimile: (415) 268-7522

RECEIVED
CENTRAL FAX CENTER

FEB 25 2004

OFFICIAL**To:**

NAME:	FACSIMILE:	TELEPHONE:
Commissioner for Patents USPTO	703-872-9306	

FROM: Cameron A. King**DATE:** February 25, 2004

Number of pages with cover page:	4
----------------------------------	---

Preparer of this slip has confirmed that facsimile number given is correct: 6567/vlh1**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

Comments:

Attorney Docket No.: 412692000401
Group Art Unit: 3737
Examiner: Jeoyuh Lin
Application No.: 09/805,652
Filing Date: March 13, 2001
Inventors: SIRIMANNE et al.
Title: Subcutaneous Cavity Marking Device and Method

sf-1648801

FEB 25 2004 2:40PM

MOFO FAX CENTER

RECEIVED
CENTRAL FAX CENTER

NO. 5274 P. 2/4

FEB 25 2004

OFFICIAL

PTO/SB/83 (06-05)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	09/805,652
	Filing Date	March 13, 2001
	First Named Inventor	D. Laksen SIRIMANNE
	Art Unit	3737
	Examiner Name	Jeoyuh Lin
	Attorney Docket Number	412692000401

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Request of assignee

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☒ Customer Number

27777

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

☒ This request is made on behalf of myself and☐ all the attorneys/agents of record.☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☒ the attorneys/agents associated with Customer Number

20872

This request is enclosed in triplicate (including any attachments).

Name Cameron A. King

Signature

Registration No.

41,897

Date

2-25-04

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being transmitted via facsimile to facsimile number 703-872-8306 addressed to:
Commissioner for Patents, on the date shown below.

Dated: _____

Signature: _____

(Christa Carter)

sf-1648583